FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 07, 2000 8:00 am Secretary of State DOCUMENT # **P94000026147** 1. Entity Name 03-07-2000 90001 032 ***150.00 M. P. P. INC. Principal Place of Business Mailing Address 3555 S.W. HOTH PLACE 9535 S.W. 113TH PLACE. MIAMI-FL-33165-3415 912119 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For & State City & State 4. FEI Number 65-0477730 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPINOSA, RUBEN-3535 S.W. 113TH PLACE MIAMI FL 33165 utity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pa (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99 Addition ☐ Delete TITLE TITLE Ruben Espinose NAME ESPINOSA, RUBEN NAME 3041 5W 117th Are miami F1. 33175 STREET ADDRESS 3535 S.W. 113TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an attachment with a

SIGNATURE:

In all other like empowered.